

BAPP PORTFOLIO REVIEW – COURSE EVALUATION FORM

LICENSED ADDICTION COUNSELOR (LAC)

NAME: _____ **PHONE:** _____

ADDRESS: _____ **CITY, STATE, ZIP:** _____

Course	Course Number, Title to fulfill requirements	Name of College or University	Date of Course	Number of Credit Hours	Grade	Comments	Board Approval Yes / No
Addiction Counseling Theories & Techniques							
Psychopharmacology OR Psychopathology							
Legal, Ethical & Prof Standards							
Case Mgt & Assessment of Co-Occurring Disorders							
Treatment Planning							
Clinical Supervision							
Multicultural Competency							

Please return this form along with transcripts, two (2) copies of each syllabus, and the \$25 portfolio review fee to:
BAPP, 3101 W. 41st Street, Suite 205, Sioux Falls, SD 57105

BAPP Reviewer: _____

Date: _____